

FINANCIAL POLICY

Thank-you for choosing our office to care for you and your family's dental needs. It's important to us that the quality of our business equals the quality our dentistry. We want the handling of your account, from the start of treatment through final payments, to be perceived as an extension of the dental care we provide.

Dental Insurance

As a courtesy to our patients, we will bill your dental insurance directly if provided with your insurance information. It is your responsibility to know your insurance coverage and to notify us of any changes that may occur.

At time of treatment, our computer system will estimate your portion not covered by insurance, we require this amount be paid at time of service.

Patient is responsible for the entire bill regardless of insurance coverage, there will be a service charge applied to all accounts over 60 days.

Payment Options

Payment is required at time of service.

For payment we accept cash, checks, Visa, MasterCard or CareCredit. Applying for CareCredit only takes a few minutes and there is no fee to apply. Please ask our office staff for more information and for an application.

Broken Appointments

We require 24 hour notice if you are unable to keep your scheduled appointment. Broken appointments without proper notification will be charged at \$75.00 per hour.

_____ I understand I am financially responsible for all charges incurred for dental services
(initial) regardless of dental coverage. I also understand that any estimate given regarding
Insurance payment is only an estimate and not a guarantee of payment.

Printed Name: _____

Responsible Party Signature: _____

Date: _____

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